B22A (Official Perm 2257 (Chapter 7) (12/08) In re: Gwendolyn E. Dade	Filed 05/02/09 ng to the life mation required 6.26:27:27 ered on this statement Document check on the life of the
Case Number: <b>09-12957</b>	<ul><li>☐ The presumption arises.</li><li>☑ The presumption does not arise.</li><li>☐ The presumption is temporarily inapplicable.</li></ul>

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

	Part I. MILITARY AND NON-CONSUMER DEBTORS					
	<b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part 1A, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
1A	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).					
1B	<b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.					
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.					
1C	☐ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or National Guard					
	a.  I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy					
	case was filed;					
	OR					
	<ul> <li>b.  I am performing homeland defense activity for a period of at least 90 days /or/</li> <li>I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.</li> </ul>					

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Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION					
Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.  a. ☑ Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.  b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code."  Complete only Column A ("Debtor's Income") for Lines 3-11.  c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above.  Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.  d. ☐ Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.					
		Column A Column E	3		
		day   Column 1			
		Debtor's Spouse's Income Income	\$		
Gross wages, salary, tips, bonuses, overtime, com	missions.	\$9,605.42			
Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part					
a. Gross receipts	\$0.00				
b. Ordinary and necessary business expenses	\$0.00				
c. Business income	Subtract Line b from Line a	\$0.00			
difference in the appropriate column(s) of Line 5. Do not not include any part of the operating expenses Part V.  a. Gross receipts b. Ordinary and necessary operating expenses	ot enter a number less than zer entered on Line b as a deduct \$0.00 \$0.00	etion in			
c. Rent and other real property income	Subtract Line b from Line a	\$0.00			
Interest, dividends, and royalties.		\$0.00			
	regular basis, for the housel	·			
expenses of the debtor or the debtor's dependents that purpose. Do not include alimony or separate mai	d for s				
Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:  Unemployment compensation claimed to be a Debtor Spouse benefit under the Social Security Act \$0.00 \$0.00					
Unemployment compensation claimed to be a	1 '	1 1			
	Complete only Column A ("Debtor's Income c. Married, not filing jointly, without the declaration Complete both Column A ("Debtor's Income d. Married, filing jointly. Complete both Column Lines 3-11.  All figures must reflect average monthly income received during the six calendar months prior to filing the bankru of the month before the filing. If the amount of monthly months, you must divide the six-month total by six, and appropriate line.  Gross wages, salary, tips, bonuses, overtime, commincome from the operation of a business, profession Line a and enter the difference in the appropriate columnore than one business, profession or farm, enter agging details on an attachment. Do not enter a number less of the business expenses entered on Line b as a details on an attachment. Do not enter a number less of the business expenses entered on Line b as a details on an attachment. Do not enter a number less of the business expenses entered on Line b as a details on an attachment. Do not enter a number less of the business expenses entered on Line b as a details on an attachment. Do not enter a number less of the business expenses entered on Line b as a details on an attachment. Do not enter a number less of the business expenses entered on Line b as a details on an attachment. Do not enter a number less of the business expenses expenses expenses income  Rent and other real property income. Subtract Line difference in the appropriate column(s) of Line 5. Do no not include any part of the operating expenses of Part V.  a. Gross receipts  b. Ordinary and necessary operating expenses  c. Rent and other real property income  Interest, dividends, and royalties.  Pension and retirement income.  Any amounts paid by another person or entity, on a expenses of the debtor or the debtor's dependents that purpose. Do not include alimony or separate main paid by your spouse if Column B is completed.	Complete only Column A ("Debtor's Income") for Lines 3-11.  c.  Married, not filing jointly, without the declaration of separate households set on Complete both Column A ("Debtor's Income") and Column B ("Spouse's d.  Married, filing jointly.  Complete both Column A ("Debtor's Income") and Culumn B ("Spouse's d.  Married, filing jointly.  Complete both Column A ("Debtor's Income") and Culums 3-11.  All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last of the month before the filing.  If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.  Gross wages, salary, tips, bonuses, overtime, commissions.  Income from the operation of a business, profession, or farm.  Subtract Line b fr Line a and enter the difference in the appropriate column(s) of Line 4.  If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero.  Do not include a of the business expenses entered on Line b as a deduction in Part V.  a.  Gross receipts \$0.00  b.  Ordinary and necessary business expenses \$0.00  c.  Business income  Subtract Line b from Line a  Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5.  Do not enter a number less than ze Do not include any part of the operating expenses entered on Line b as a deduce Part V.  a.  Gross receipts \$0.00  b.  Ordinary and necessary operating expenses entered on Line b as a deduce Part V.  Rent and other real property income.  Subtract Line b from Line a linterest, dividends, and royalties.  Pension and retirement income.  Any amounts paid by another person or entity, on a regular basis, for the house expenses of the debtor or the debtor's dependents, including child support paid that purpose.  Do not include alimon	Complete only Column A ("Debtor's Income") for Lines 3-11.  c.   Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.  d.   Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.  All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.  Gross wages, salary, tips, bonuses, overtime, commissions.  Spouse's Income  Gross wages, salary, tips, bonuses, overtime, commissions.  Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero.  Do not include any part of the business expenses entered on Line b as a deduction in Part V.  a. Gross receipts  Subtract Line b from Line a  \$0.00  Enter real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero.  Do not include any part of the operating expenses entered on Line b as a deduction in Part V.  a. Gross receipts  Subtract Line b from Line a  \$0.00  Interest, dividends, and royalties.  Pension and retirement income.  Subtract Line b from Line a  \$0.00  Pension and retirement income.  Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts		

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11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s). \$9,605.42						
	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add						
12	Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.						
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION						
13	Annualized Current Monthly Income for § 707(b)(7)						
	and enter the result.				\$115,265.04		
14	Applicable median family income. Enter the median family income for the applicable state and household						
	a. Enter debtor's state of residence: Virgini	а	b. Enter debtor's househousehousehousehousehousehousehouse	old size: 2	\$65,342.00		
	Application of Section 707(b)(7). Check the applica	ble bo	x and proceed as directed.				
15	The amount on Line 13 is less than or equal to arise" at the top of page 1 of this statement, and co				otion does not		
	☑ The amount on Line 13 is more than the amount	nt on L	ine 14. Complete the remainir	ng parts of this state	ment.		
	Complete Parts IV, V, VI, and VII o	f this s	statement only if required. (S	ee Line 15.)			
	Part IV. CALCULATION OF CUR	REN	T MONTHLY INCOME FO	OR § 707(b)(2)			
16	Enter the amount from Line 12.				\$9,605.42		
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.						
	a.						
	b.						
	C.						
	Total and enter on line 17.				\$0.00		
18	Current monthly income for § 707(b)(2). Subtract L	ne 17	from Line 16 and enter the res	ult.	\$9,605.42		
	Part V. CALCULATION	OF D	EDUCTIONS FROM INC	ОМЕ			
	Subpart A: Deductions under Sta	ndard	is of the Internal Revenue	Service (IRS)			
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
19B	for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.						
	Household members under 65 years of age Household members 65 years of age or older						
	a1. Allowance per member \$60.00	a2.	Allowance per member	\$144.00			
	b1. Number of members 2 b2. Number of members						
	c1. Subtotal \$120.00	c2.	Subtotal	\$0.00	\$120.00		

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20A	and	Al Standards: housing and utilities; non-mortgage expenses. Enter the Utilities Standards; non-mortgage expenses for the applicable county and mation is available at www.usdoj.gov/ust/ or from the clerk of the bankrup	d household size. (This	\$439.00
20B	IRS infor total	al Standards: housing and utilities; mortgage/rent expense. Enter, in Housing and Utilities Standards; mortgage/rent expense for your county mation is available at www.usdoj.gov/ust/ or from the clerk of the bankrup of the Average Monthly Payments for any debts secured by your home, b from Line a and enter the result in Line 20B. DO NOT ENTER AN AM	and household size (this otcy court); enter on Line b the as stated in Line 42; subtract	
	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$1,790.00	
	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$0.00	
	C.	Net mortgage/rental expense	Subtract Line b from Line a.	\$1,790.00
21	and Utilit	al Standards: housing and utilities; adjustment. If you contend that the 20B does not accurately compute the allowance to which you are entitled ies Standards, enter any additional amount to which you contend you are our contention in the space below:	under the IRS Housing and	
22A	are included as a contribution to your household expenses in Line 8.   If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards:  Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoi.gov/ust/ or from the clerk			\$230.00
22B	"Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			\$0.00
23	Che own Ente (ava Ave	al Standards: transportation ownership/lease expense; Vehicle 1. ck the number of vehicles for which you claim an ownership/lease expense ership/lease expense for more than two vehicles.)  If 2 or more, in Line a below, the "Ownership Costs" for "One Car" from the IRS Localiable at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); engage Monthly Payments for any debts secured by Vehicle 1, as stated in La and enter the result in Line 23. DO NOT ENTER AN AMOUNT LESS.  IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42  Net ownership/lease expense for Vehicle 1	nore. cal Standards: Transportation eter in Line b the total of the Line 42; subtract Line b from	\$489.00

B22A (Official of 12A) 57 h (1208) 13 Filed 05/01/09 Entered 05/01/09 16:27:23 Desc Main Local Standards: transportation ownership rease expense: Venicle 2. of 9 Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from 24 Line a and enter the result in Line 24. DO NOT ENTER AN AMOUNT LESS THAN ZERO. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a. Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-25 employment taxes, social-security taxes, and Medicare taxes. DO NOT INCLUDE REAL ESTATE OR SALES TAXES. \$2.543.22 Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, 26 and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH AS VOLUNTARY 401(K) CONTRIBUTIONS. \$0.00 Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INSURANCE ON YOUR 27 DEPENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSURANCE. \$100.00 Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are 28 required to pay pursuant to the order of a court or administrative agency, such as spousal or child support \$0.00 payments. DÓ NOT INCLUDE PAYMENTS ON PAST DUE OBLIĞATIÓNS INCLUDED IN LINE 44. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for 29 \$0.00 whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on 30 childcare--such as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER \$0.00 EDUCATIONAL PAYMENTS. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend 31 on health care that is required for the health and welfare of yourself or your dependents, that is not \$0.00 reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OR HEALTH SAVINGS ACCOUNTS LISTED IN LINE 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service--such as pagers, call waiting, caller id, special long distance, or internet service--to the extent \$300.00 32 necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT PREVIOUSLY DEDUCTED. 33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32. \$6,996.22 **Subpart B: Additional Living Expense Deductions** Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. \$474.30 Health Insurance 34 b. Disability Insurance \$28.90 c. Health Savings Account \$0.00 Total and enter on Line 34 \$503.20 IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your actual total average monthly expenditures in the space below:

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35	mon elde	tinued contributions to the care of the expenses that you will continue only, chronically ill, or disabled members to pay for such expenses.	e to pay for the reasonable and n	ecessary care and	support of an	\$0.00
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				\$0.00	
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.					
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST EXPLAIN WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND NOT ALREADY ACCOUNTED FOR IN THE IRS STANDARDS.				\$0.00	
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.				\$34.00	
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).				\$125.00	
41	Tota	Al Additional Expense Deductions	s under § 707(b). Enter the total	of Lines 34 through	1 40.	\$662.20
		Si	ubpart C: Deductions for De	bt Payment		
	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.				Monthly nly Payment is nonths	
42		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
	a.				□yes □no	
	b. c.				yes no	
				Total: Add		
				Lines a, b and c.		\$0.00
10	Other payments on secured claims. If any of the debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.					
43		Name of Creditor	Property Securing the De	ebt 1/60th of t	he Cure Amount	
	a.					
	b. c.					
	-			Total: Add	Lines a, b and c	\$0.00
1			+	+		

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44	Payments on prepetition priority claims. Enerth Cell amound Office Oby 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. DO NOT INCLUDE CURRENT OBLIGATIONS, SUCH AS THOSE SET OUT IN LINE 28.	\$5,133.33			
	Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.				
	a. Projected average monthly chapter 13 plan payment. \$100.00				
45	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)  9.9 %				
	c. Average monthly administrative expense of chapter 13 case Total: Multiply Lines a and b	\$9.90			
46	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.	\$5,143.23			
	Subpart D: Total Deductions from Income				
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.	\$12,801.65			
	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION				
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2)) \$9,605.42				
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2)) \$12,801.6				
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result. (\$3,196)				
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.				
	Initial presumption determination. Check the applicable box and proceed as directed.				
	The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.				
52	The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises" at the top of page of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.				
	The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part \ through 55).	/I (Lines 53			
53	Enter the amount of your total non-priority unsecured debt				
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.				
	Secondary presumption determination. Check the applicable box and proceed as directed.				
55	The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not top of page 1 of this statement, and complete the verification in Part VIII.	ot arise" at the			
	The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The present the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VIII.	•			

Filed 05/01/09 Entered 05/01/09 16:27:23 B22A (Official & 60 ft 1220 57 hap 6 M) (1208) 13 Desc Main Document Page 8 of 9 Part VII: ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. 56 **Expense Description** Monthly Amount a. b. c. Total: Add Lines a, b, and c **Part VIII: VERIFICATION** I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)

Signature:

Signature: /s/ Gwendolyn E. Dade

(Debtor)

(Joint Debtor, if any)

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Date:

Date:

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Chapter:

## 3. Gross wages, salary, tips, bonuses, overtime commissions.

Debtor or Spouse's Income	Description (if available)						
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month

**Debtor** Sallie Mae

\$8,051.16 \$8,051.16 \$8,051.16 \$12,076.74 \$13,351.16 \$8,051.16 \$9,605.42